

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

20 F STREET, NW

SUITE 310 C

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20001-6704

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325936

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

Convention (12C)

☐

General (12G)

☐

Special (12S)

☐

Runoff (12R)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DR. DOUGLAS J. MATHISEN

Signature of Treasurer

DR. DOUGLAS J. MATHISEN

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y 08 / 01 / 2016 To: M M / D D / Y Y Y Y 08 / 31 / 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y 2016 | | 87332.49 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 91938.24 | |
| (c) Total Receipts (from Line 19) | 12520.00 | 99325.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 104458.24 | 186657.49 |
| 7. Total Disbursements (from Line 31) | 21775.26 | 103974.51 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 82682.98 | 82682.98 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
08 01 2016

To:

M M / D D / Y Y Y Y Y
08 31 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

9960.00

85878.00

(ii) Unitemized

2560.00

13447.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

12520.00

99325.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

12520.00

99325.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

12520.00

99325.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

12520.00

99325.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 275.26 | 4474.51 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 275.26 | 4474.51 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 21500.00 | 99500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 21775.26 | 103974.51 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21775.26 | 103974.51 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 12520.00 | 99325.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12520.00 | 99325.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 275.26 | 4474.51 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 275.26 | 4474.51 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. SHAHRIYOUR ANDAZ

Mailing Address 444 MERRICK ROAD

City

LYNBROOK

State

NY

Zip Code

11563

FEC ID number of contributing
federal political committee.

C

Name of Employer

L.I. THORACIC SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 22 / 2016

Transaction ID : SA11AI.7161

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. LINDA BOGAR

Mailing Address 2921 TELESTAR COURT

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C

Name of Employer

INOVA HEALTH SYSTEM

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2016

Transaction ID : SA11AI.7167

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. NIMESH DESAI

Mailing Address 1318 GRENOX ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PENNSYLVANIA

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2016

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. FRANK DETTERBECK

Mailing Address 78 COUNTRY LANE

City

BETHANY

State

CT

Zip Code

06524

FEC ID number of contributing
federal political committee.

C

Name of Employer

YALE UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 05 / 2016

Transaction ID : SA11AI.7071

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. RICHARD M. ENGELMAN

Mailing Address 257 TANGLEWOOD DRIVE

City

LONGMEADOW

State

MA

Zip Code

01106

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYSTATE MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2016

Transaction ID : SA11AI.7098

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. MICHAEL S. FIRSTENBERG

Mailing Address 320 WEST STREETSBO RO STREET

City

HUDSON

State

OH

Zip Code

44236

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMMA HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2016

Transaction ID : SA11AI.7122

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. AUBREY GALLOWAY

Mailing Address 530 FIRST AVENUE

City

NEW YORK

State

NY

Zip Code

10016

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYU SCHOOL OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 05 / 2016

Transaction ID : SA11AI.7132

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. JEREMIAH HAYUNGA

Mailing Address 4714 BAYARD STREET

City

PITTSBURGH

State

PA

Zip Code

15213

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF PITTSBURGH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 08 / 2016

Transaction ID : SA11AI.7110

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. STEPHEN R. HAZELRIGG

Mailing Address 4408 TURTLE BAY

City

SPRINGFIELD

State

IL

Zip Code

62711

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN ILLINOIS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2016

Transaction ID : SA11AI.7087

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. CHARLES B. HUDDLESTON

Mailing Address 14 KINGSBURY PLACE

City State Zip Code
 ST. LOUIS MO 63112

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. LOUIS UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 01 2016

Transaction ID : SA11Al.7080

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. PAUL S. LEVY

Mailing Address 4264 ANNADALE CIRCLE

City State Zip Code
 JONESBORO AR 72404

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEA BAPTIST MEMORIAL HOSPITAL

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 01 2016

Transaction ID : SA11Al.7082

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. BRET METTLER

Mailing Address 3624 KNOLLWOOD ROAD

City State Zip Code
 NASHVILLE TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer

VANDERBILT UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 08 2016

Transaction ID : SA11Al.7119

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1115.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. BERNARD PARK

Mailing Address 66 COUNTY ROAD

City
DEMAREST

State Zip Code
NJ 07627

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMORIAL SLOAN-KETTERING

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : SA11AI.7092

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. V. SEENU REDDY

Mailing Address 3513 WOODMONT BOULEVARD

City
NASHVILLE

State Zip Code
TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRISTAR CV SURGERY

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2016

Transaction ID : SA11AI.7093

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. MICHAEL REED

Mailing Address 500 UNIVERSITY DRIVE

City
HERSHEY

State Zip Code
PA 17033

FEC ID number of contributing
federal political committee.

C

Name of Employer
PENN STATE HEALTH

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2016

Transaction ID : SA11AI.7116

Amount of Each Receipt this Period

365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. TODD K. ROSENGART

Mailing Address 1 BATLOR PLAZA

City
HOUSTON

State
TX

Zip Code
77098

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAYLOR COLLEGE OF MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 21 / 2016

Transaction ID : SA11AI.7163

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. MARK RUSSO

Mailing Address 28 MEYERSVILLE ROAD

City

GREEN VILLAGE

State

NJ

Zip Code

07935

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARNABAS HEALTH

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 06 / 2016

Transaction ID : SA11AI.7125

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. JAVID SAIFI

Mailing Address 319 SOUTH MANNING BOULEVARD

City

ALBANY

State

NY

Zip Code

12208

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALBANY CT SURGEONS

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 11 / 2016

Transaction ID : SA11AI.7108

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. SCOTT SILVESTRY

Mailing Address 861 BONITA DRIVE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRANSPLANT INSTITUTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
 08 / 03 / 2016

Transaction ID : SA11AI.7074

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DR. SANDRA STARNES

Mailing Address 6289 FAIRWAY DRIVE

City

MASON

State

OH

Zip Code

45040

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF CINCINNATI

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
 08 / 01 / 2016

Transaction ID : SA11AI.7083

Amount of Each Receipt this Period

365.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. PAUL A. THOMAS

Mailing Address 5127 ELLINGTON AVENUE

City

WESTERN SPRINGS

State

IL

Zip Code

60558

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
 08 / 16 / 2016

Transaction ID : SA11AI.7104

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. DR. DOUGLAS E. WOOD

Mailing Address 1944 15TH AVENUE EAST

City
SEATTLE

State Zip Code
WA 98112

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF WASHINGTON

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
08 / 01 / 2016

Transaction ID : SA11AI.7084

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M = M / D = D / Y = Y - Y - Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

9960.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 20

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AUTHORIZE.NET

Mailing Address P.O. BOX 8999

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| SAN FRANCISCO | CA | 94128 |

Purpose of Disbursement
CREDIT CARD FEES

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 02 | | 2016 |

Transaction ID : SB21B.7070

Amount of Each Disbursement this Period

| |
|-------|
| 25.16 |
|-------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| KNOXVILLE | TN | 37920 |

Purpose of Disbursement
CREDIT CARDS FEES

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 02 | | 2016 |

Transaction ID : SB21B.7069

Amount of Each Disbursement this Period

| |
|-------|
| 77.00 |
|-------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MERCHANT SERVICES

Mailing Address 7300 CHAPMAN HIGHWAY

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| KNOXVILLE | TN | 37920 |

Purpose of Disbursement
CREDIT CARDS FEES

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 10 | | 2016 |

Transaction ID : SB21B.7078

Amount of Each Disbursement this Period

| |
|-------|
| 65.06 |
|-------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|--------|
| 167.22 |
|--------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SUNTRUST BANK

Mailing Address 3440 WISCONSIN AVENUE, NW

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20016 |

Purpose of Disbursement
BANK CHARGES

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Category/
Type

Date of Disbursement

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 08 / 18 / 2016 |

Transaction ID : SB21B.7166

Amount of Each Disbursement this Period

| |
|--------|
| 108.04 |
|--------|

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Category/
Type

Date of Disbursement

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
|-------------------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

| | |
|-------------------|---|
| Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

Category/
Type

Date of Disbursement

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
|-------------------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|--------|
| 108.04 |
|--------|

| |
|--------|
| 275.26 |
|--------|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMI BERA FOR CONGRESS

Mailing Address P.O. BOX 582496

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| ELK GROVE | CA | 95758 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

AMERISH BERA

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: CA District: 07

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7144

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BILIRAKIS FOR CONGRESS

Mailing Address P.O. BOX 606

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| TARPON SPRINGS | FL | 34688 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

GUS M. BILIRAKIS

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: FL District: 12

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7145

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BILL FLORES FOR CONGRESS

Mailing Address P.O. BOX 6207

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| BRYAN | TX | 77805 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BILL FLORES

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: TX District: 17

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7150

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 4000.00 |
|---------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRAD ASHFORD FOR CONGRESS

Mailing Address P.O. BOX 24023

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| OMAHA | NE | 68124 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

BRAD ASHFORD

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: NE District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7141

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUTTERFIELD FOR CONGRESS

Mailing Address 434 FAYETTEVILLE STREET

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| RALEIGH | NC | 27601 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

G.K. BUTTERFIELD

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: NC District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7146

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR. RAUL RUIZ FOR CONGRESS

Mailing Address P.O. BOX 3433

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| PALM DESERT | CA | 92261 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

DR. RAUL RUIZ

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: CA District: 36

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7157

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 5000.00 |
|---------|

| |
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| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ELIZABETH ESTY

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Mailing Address P.O. BOX 61

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| CHESHIRE | CT | 06410 |

Transaction ID : SB23.7149Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

ELIZABETH ESTYCategory/
Type

| |
|---------|
| 2500.00 |
|---------|

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼
☐ Memo Item

State: CT District: 05

Full Name (Last, First, Middle Initial)

B. HEARTDOCPAC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Mailing Address P.O. BOX 628

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| EVANSVILLE | IN | 47704 |

Transaction ID : SB23.7159Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|---------|
| 5000.00 |
|---------|

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. JOE KENNEDY FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Mailing Address P.O. BOX 590464

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| NEWTON | MA | 02459 |

Transaction ID : SB23.7152Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

JOSEPH P. KENNEDY IIICategory/
Type

| |
|---------|
| 1000.00 |
|---------|

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼
☐ Memo Item

State: MA District: 04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 8500.00 |
|---------|

| |
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| |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| ATLANTA | GA | 30301 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOHN R. LEWIS

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: GA District: 05

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7153

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address P.O. BOX 25879

| | | |
|-------|-------|----------|
| City | State | Zip Code |
| TEMPE | AZ | 85285 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

KYRSTEN SINEMA

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: AZ District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7158

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MORGAN GRIFFITH FOR CONGRESS

Mailing Address P.O. BOX 361

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| CHRISTIANSBURG | VA | 24068 |

Purpose of Disbursement
CONTRIBUTION

Candidate Name

H. MORGAN GRIFFITH

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: VA District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 24 | | 2016 |

Transaction ID : SB23.7151

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 3000.00 |
|---------|

| |
|--|
| |
|--|

| | | | | | | | | | | | |
|--|-----|--|-----|----------|-----|--|-----|--|----|--|-----|
| | 21b | | 22 | X | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | 29 | | 30b |

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

A. PASCRELL FOR CONGRESS

Date of Disbursement

08 / 24 / 2016

Transaction ID : SB23.7156

Amount of Each Disbursement this Period

1000.00

Category/
Type

 Memo Item

State: NJ District: 09

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| | | | | |
|----------------|------------------------------------|-------------------|--|----------------------------------|
| Office Sought: | <input type="checkbox"/> House | Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Senate | | <input type="checkbox"/> Other (specify) ▼ | |
| | <input type="checkbox"/> President | | | |

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| | | | | |
|----------------|------------------------------------|-------------------|--|----------------------------------|
| Office Sought: | <input type="checkbox"/> House | Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Senate | | <input type="checkbox"/> Other (specify) ▼ | |
| | <input type="checkbox"/> President | | | |

 Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

21500.00